

STATE A.B.C./COUNTY I.D. CARD

Card No. _____

To: Clerk of Mercer County, New Jersey

Full Name of Applicant: _____
(PLEASE PRINT) First Middle Last

Residence Address of Applicant:

Address: _____
City: _____
State: _____
Zip Code: _____
Phone Number: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Date of Birth: ____/____/____

Applicant must submit two recent photos, 1½" square of him/herself, head only - NO HAT

Applicant must present **TWO** of the following to establish age and identification:

____ Birth Certificate	____ Employment Authorization Card
____ Military Card	____ M.C. Board Social Services Card
____ School Identification	____ Resident Alien Card
____ Employment I.D.	____ Other: _____

NJ Driver's License Number: _____

Expiration Date: ____/____/____

Has applicant ever previously applied for an I.D. Card? _____

If yes, When? _____

I CERTIFY THAT THE FOREGOING IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Applicant Signature: _____

Witness Signature: _____ Date: _____

PLEASE NOTE: I. D. CARDS ARE ISSUED WITHIN 24 HOURS.